

OFFICE ACTION RESPONSE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert J. Vidal
Applicant No.: 10/623,424
Filed: July 18, 2003
Art Unit: 3722

Title: "A PROTECTIVE SHIELD FOR A TOOL"

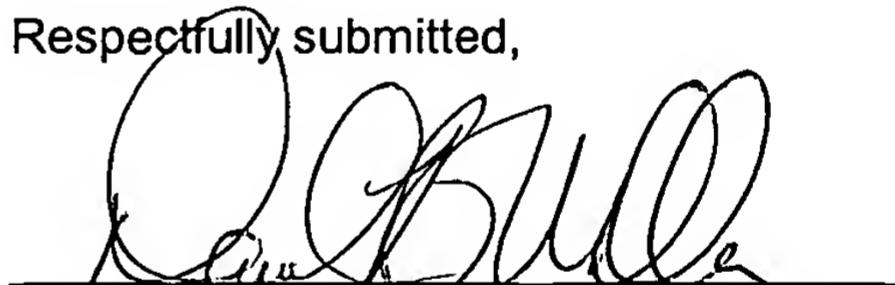
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Mail Stop: Amendment
Commissioner for Patents
U.S.P.T.O.
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the enclosures listed below are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No.: EV393145309US, on 25 August 2006, addressed to: Mail Stop: Amendment, Commissioner for Patents, U.S.P.T.O. Box 1450 Alexandria, VA 22313-1450.

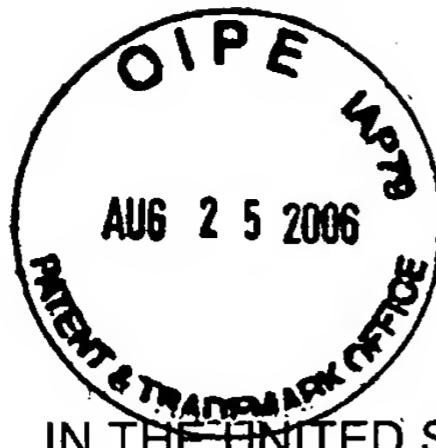
Respectfully submitted,



David B. Waller
Patent Agent No.: 43,978

Enclosures:

Office action Response, 13 pages
Substitute drawing, 1 page
Transmittal + Duplicate, 2 pages each
Request for extension of time, 1 page
Check No.: 2066 in the amount of \$60.00
Return Postcard



Docket No.: VID.001.P
Express Mail No.: EV393145309US

OFFICE ACTION RESPONSE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert J. Vidal
Applicant No.: 10/623,424
Filed: July 18, 2003
Art Unit: 3722

Title: "A PROTECTIVE SHIELD FOR A TOOL"

Mail Stop: Amendments
Commissioner for Patents
U.S.P.T.O.
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FORM

Dear Sir:

Transmitted herewith for filing is the patent application entitled listed above from Inventor Robert J. Vidal. Enclosed are:

- A response to Office action, 13 pages
- A request for one-month extension of time, 1 page
- Substitute drawing, 1 page
- A Declaration
- An Assignment
- A verified statement to establish small entity status under 37 C.F.R §1.9 and 37 C.F.R §1.27
- The additional claims fee has been calculated as shown below.
- Certificate of Mailing by "Express Mail"
- Information Disclosure Statement
- A return post card

For	No. Filed	No. Extra	Rate	Fee
Dependent Claims	0	0	0x \$9.00 =	\$ 0.00
Independent Claims	0	0	0x \$40.00 =	\$ 0.00
Multiple Dependent Claims	0	0	0x \$135.00 =	\$ 0.00
Assignment Fee			\$40.00	\$ 0.00
One-Month Extension of Time Fee			\$60.00	\$ 60.00
TOTAL FEE:				\$ 60.00

- Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

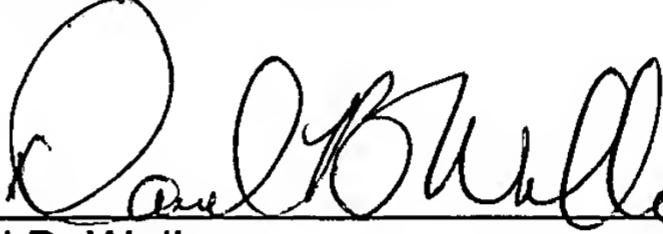
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____.

Any additional filing fees required under 37 C.F.R §1.16

Any patent application processing fees under 37 C.F.R §1.17

A check for the filing fee in the amount of sixty dollars (\$60.00) is enclosed, Check No.: 2066

Respectfully submitted,



David B. Waller

Please send all correspondence to:

David B. Waller
5677 Oberlin Drive, Suite 214
San Diego, CA 92121
Phone: (858) 457-2014
Facsimile: (858) 457-2803
E-mail: dbwipmg@sbcglobal.net